U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U- 1/5/10

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

· ·	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Mike R Grunwald	Name IBEW Local 76
	Labor Organization File Number 010-422
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 101
Street 20712 50th Ave E	Street 3049 So. 36th Street
City Spanaway	City Tacoma
State Washington ZIP Code + 4 98387	State Washington ZIP Code + 4 98409
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name (
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City City City City City City City City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed What Control of the Signed Washington	On 8/10/05 (253) 475-1190 Date Telephone Number
Form I M 30 (2002)	Pare Telephone raunuel

Name of Person Filing Mike Grunwald	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name IBEW Local 76 / NECA LMCC	- 1771
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any Suite 102	c. Employer
Street 8815 So. Tacoma Way	C. Employer
City Tacoma	
State Washington ZIP Code + 4 98499	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	I sit as member of the Board of Trustee.
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$1,462
City to the control of the control o	
City Ci	12.a. Nature of interest held or income received.
State ZIP Code + 4	Re-imbursement for out of pocket expenses directly related to attendance at Trust and/or Educational Conferences.
Processe destablishment of the confidence of the	Re-imbursement for out of pocket expenses directly related to attendance at Trust and/or Educational
Processe destablishment of the confidence of the	Re-imbursement for out of pocket expenses directly related to attendance at Trust and/or Educational Conferences. 12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	Re-imbursement for out of pocket expenses directly related to attendance at Trust and/or Educational Conferences. 12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Re-imbursement for out of pocket expenses directly related to attendance at Trust and/or Educational Conferences. 12.b. Amount.
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Name of Person Filing Mike Grunwald	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name IBEW Pacofic Coast Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 525 Street 5 Third Street City San Francisco State California ZIP Code +4 94103-3202	9. Business deals with:
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. I sit as member of the Board of Trustee.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$1,272
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Re-imbursement for out of pocket expenses directly related to attendance at Trust meetings and/or Educational Conferences.
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	

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8. Name and address of Business (including trade name, if any). Name IBEW Local 76 Retirement Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street PO Box 220 City Soap Lake State Washington ZIP Code + 4 98851 10. If 9.b. or 9.c. is checked give trust or employer's name. Name	9. Business deals with:	
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing, \$346	
City State ZIP Code + 4	12.a. Nature of interest held or income received. Re-imbursement for out of pocket expenses directly related to attendance at Trust meetings and/or Educational Conferences.	
·	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any:		
P.O. Box, Bidg., Room No., if any Street City State ZIP Code +4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name IBEW Health and Welfare Trust of SW Washingt	. a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street PO Box 220	c. Employer
City Soap Lake State Washington ZIP Code + 4 98851	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	I sit as member of the Board of Trustee.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street	
	11.b. Approximate dollar value of such dealing. \$346
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Re-imbursement for out of pocket expenses directly related to attendance at Trust meetings and/or Educational Conferences.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
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or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value.
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name S.W. Washington Electrical JATC	- Property
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 3009 So. 36th Street	C. Employer
City Tacoma	
State Washington ZIP Code + 4 98409	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	I sit as member of the Board of Trustee.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$477
City	12.a. Nature of interest held or income received.
City State ZIP Code + 4	1 state of the configuration and the configu
* Consistent and a support production of the make in the following of the control	12.a. Nature of interest held or income received. Re-imbursement for out of pocket expenses directly related to attendance at the Western States
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8. Name and address of Business (including trade name, if any). Name Marco Consulting Group Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 900 Street 550 West Washington City Chicago State Illinois ZIP Code + 4 60661	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name IBEW Local 76 Retirement Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any	I sit as member of the Board of Trustee of the IBEW Local 76 Retirement Trust.	
Street PO Box 220	11.b. Approximate dollar value of such dealing. \$131	
City Soap Lake	12.a. Nature of interest held or income received.	
State Washington ZIP Code + 4 98851	Golf sponsorship, 2/10/04 (Estimated value=\$67.00) and 6/22/04 (Estimated value = \$64.00)	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any). Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City State State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name McMorgan & Company	- -	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., If any Suite 700	b. Trust	
Street 720 S.W. Washington	c. Employer	
City Portland		
State Oregon ZIP Code + 4 97205		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name IBEW Local 76 Retirement Trust	I sit as member of the Board of Trustee of the IBEW Local 76 Retirement Trust.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., If any		
Street PO Box 220		
City Soap Lake	11.b. Approximate dollar value of such dealing. \$493 12.a. Nature of interest held or income received.	
State Washington Color State ZIP Code + 4 98851	Lunch, January 28, 2004 (\$44.00) Lunch, July 12, 2004 (\$51.00) Golf sponsorship, June 23, 2004 (\$88.00) Golf sponsorship, Nov. 23, 2004 (\$60.00) Charity Golf Tournament Sponsorship, Sept. 14, 2004 (\$250.00)	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City State ZIP Code + 4		
Curio Company	14 h Amount of Saurant	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	